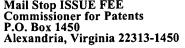
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE





or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless corrected t		in Block I, by (a)	specifying a new co	rrespondence addres	s; and/or (b) indicating a sepa	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
				Fee(s) Transmittal. T papers. Each additio	This certificate cannot be used nal paper, such as an assignment	for any other accompanying ent or formal drawing, must	
	08/03/2005	6	Y - 40	have its own certification	ate of mailing or transmission.		
SCHWEITZER C	CORNMAN GROSS	S & BONDF(9	LLP ~	\	ertificate of Mailing or Trans	mission	
19th Floor		1	OCT 31 2005	I\hereby certify that States Postal Service	this Fee(s) Transmittal is being with sufficient postage for fir	g deposited with the United st class mail in an envelope	
292 Madison Avenue				addressed to the M	this Fee(s) Transmittal is being with sufficient postage for fir ail Stop ISSUE FEE address SPTO (571) 273-2885, on the company of the second	above, or being facsimile	
\				Merle L.		(Depositor's name)	
11/02/2005 WABDELR3 00	0000061 10624214	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AV & TRADE ARE	Melle	Nu ha	(Signature)	
01 FC:2501 700.00 C		OP `	& TRAU	October 28	3, 2005		
				OCCOBEL 20		(Date)	
APPLICATION NO.	FILING DATE	FI	RST NAMED INVEN	ror.	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/624,214	07/21/2003		Allan Skriloff		1150-001P	7054	
TITLE OF INVENTION: N	AGE ASSEMBLY			•			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	; PII	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
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nonprovisional	YES	\$700		\$0	.\$700	11/03/2005	
• EXAMINER		ART UNIT	CL	ASS-SUBCLASS	7		
WEAVER, SUE A		. 3727		190-01800A			
1. Change of correspondence	address or indication of "F	ee Address" (37	2 For printing on t	he natent front nage	list Schweitzer Con	nman Gross &	
CFR 1.363).	•		(1) the names of u	p to 3 registered pat natively,	ent attorneys l-Bonde	1 LLP	
Change of correspond	lence address (or Change of 22) attached.	Correspondence					
(2) the name of				ingle firm (having as or agent) and the na	s a member a 2		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.			
3. ASSIGNEE NAME AND	DECIDENCE DATA TO I	DE BRINTED ON TU	<u> </u>		<u></u>		
				• • •	onee is identified below the d	locument has been filed for	
recordation as set forth in	37 CFR 3.11. Completion	of this form is NOT	a substitute for filing	an assignment.	gnee is identified below, the d	ocument has oven med for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate	assignee category or catego	ories (will not be prin	ted on the patent):	☐ Individual ☐	Corporation or other private gro	oup entity Government	
4a. The following fee(s) are			Payment of Fee(s):				
Issue Fee A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of	The Director is h	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to eposit Account Number _19-0748 (enclose an extra copy of this form).					
 			Deposit Account Nur	nber 19-0/48	(enclose an extra c	opy of this form).	
5. Change in Entity Status	(from status indicated abov MALL ENTITY status. See	· _	Th. Annligant is no	langar alaiming SM	ALL ENTITY status. See 37 C	ED 1 27(a)(2)	
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NOTE: The Issue Fee and P interest as shown by the reco	blication Fee (if required) ords of the United States Late	will not be accepted fent and Trademark O	from anyone other the Office.	an the applicant; a re	sly paid issue fee to the applica gistered attorney or agent; or the	ne assignee or other party in	
Authorized Signature	M. 181.	11		Date	10/22/05		
Authorized Signature							
Typed or printed name	Michael A Cor	nman	· .	Registratio	on No. 20,672	• · · ·	
this form and/or suggestions	for reducing this burden, s	noula de sent to the C	Unier information Of	nicer, U.S. Patent an	the public which is to file (and 2 minutes to complete, includir comments on the amount of tid Trademark Office, U.S. Dep	artment of Commerce, P.O.	
Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	nia 22313-1450. DO NOT 1450.	SEND FEES OR CO	OMPLETED FORMS	S TO THIS ADDRE	SS. SEND TO: Commissioner	for Patents, P.O. Box 1450,	